

Printed Name:

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

08 OCT 24 PM 2: 13

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Paredes stucco 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Cuilos pureles 5015 E USLICK 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Idaho Secretary of State correspondence should be addressed: 450 N 4th Street PO Box 83720 Boise ID 83720-0080 same (208) 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

IDAHO SECRETARY OF STATE

10/24/2008 05:00

CK: CASH CT: 158010 BH: 1141681

10 25.00 = 25.00 ASSUN NAME # 2

D/25814